ADDICTION SERVICES

OF

PRINCE EDWARD ISLAND

ANNUAL REPORT

1989 - 1990

91-04969/

Charlottetown
Prince Edward Island

March 31, 1990

The Honourable Marion L. Reid
Lieutenant-Governor of Prince Edward Island

May It Please Your Honour:

I beg to submit, herewith, for your consideration the annual report of Addiction Services of Prince Edward Island for the fiscal year ended March 31, 1990.

I have the honour to be,
Madam,
Your obedient servant,

Wayne D. Cheverie, Q.C.
Minister Responsible
Addiction Services of
Prince Edward Island

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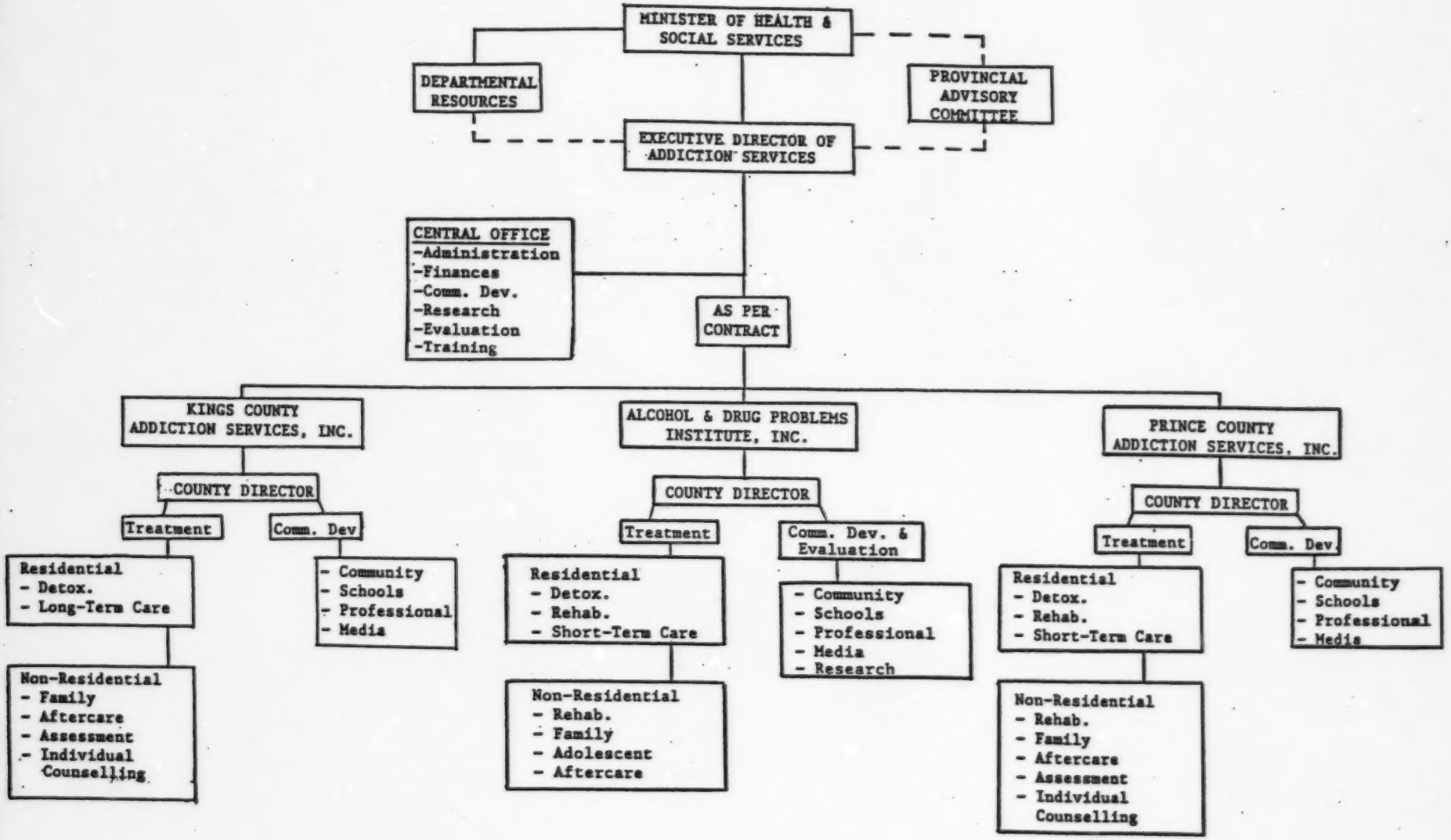

ORGANIZATIONAL CHART

ADDICTION SERVICES OF PRINCE EDWARD ISLAND

CENTRAL OFFICE

P.O. Box 37
McGill Avenue
Charlottetown, P.E.I.
C1A 7K2

TELEPHONE: 368-4379

CENTRAL ADMINISTRATION

The administrative arrangement to provide addiction services to residents of Prince Edward Island is carried out through funded agencies in the three Counties of Prince Edward Island. The Prince Edward Island Government contracts with a private non-profit corporation in each County namely Kings County Addiction Services, Prince County Addiction Services and in Queens County the Alcohol and Drug Problems Institute, to provide services which are designated in a contractual arrangement renewable on a bi-yearly basis. To coordinate, monitor and evaluate the activities which the County Boards have contracted to provide, the Government has established a Central Administration to represent the Government in carrying out its responsibilities under the contracts.

The Central Administration is under the direction of the Executive Director of Addiction Services for Prince Edward Island and consists of, in addition to the Executive Director, a Coordinator of Prevention and Training, a Business Manager, a Personnel Manager and a Secretary. The Executive Director of Addiction Services is responsible for the staff of the Central Administration and reports directly to the Minister of Health and Social Services and is the Province's representative in relation to the County Boards.

In addition to carrying out the functions of "The Province" in the contractual arrangements with the three County Boards, the Executive Director of Addiction Services is designated under the Addiction Services Act to carry out the functions of the Minister as outlined in that Act. In addition the Executive Director is the Provincial representative on the federal/provincial "Advisory Committee on Alcohol and Other Drug Problems" and on the regional group of the four Directors of addiction agencies in the Atlantic Provinces. The Executive Director also is the representative of the Province in any other Canadian activity related to addictions which may occur.

The Coordinator of Prevention & Training is responsible for public awareness and information programs related to the dissemination of information about Addiction Services and the development of prevention programs in the Province. This position coordinates the activities of the Community Development Coordinator employed by each County Board, and is also responsible for the activities of the yearly Drug Awareness Week. Addiction Services is represented by the Coordinator on various provincial committees, as well as the Atlantic Drug Awareness Committee and the Atlantic Conference Program Committee. The Coordinator is the provincial contact person for National prevention and training activities initiated by the National Drug Strategy under Health and Welfare. Provincial in-service training is developed and coordinated through this position. Until the appointment of a full-time Executive Director, the Coordinator of Prevention and Training managed the day to day administrative responsibilities of Central Administration.

The Business Manager is responsible for monitoring the spending of each County Board and assuring that the spending is within budgetary limits. He is also responsible for assisting the County Boards in their preparation of the yearly budget and for payment of accounts from each County.

The Personnel Manager is responsible for all matters related to personnel most particularly the remuneration on a bi-weekly basis to the staff of the three Counties. He is also responsible for interpreting personnel matters to the Executive Director and the Boards on an ongoing basis.

In addition to the above, under the Addiction Services Act, the Minister's Advisory Committee on Addictions consisting of the President of each County Board and a community representative from each County as well as the Executive Director of Addiction Services, had been established to advise the Minister on matters related to addictions on a province-wide basis. This group had not functioned for the past several years and did not function during the year 1989-90.

The major change in the Central Administration during the year 1989-90 was the appointment of Dr. Leo Killorn as Executive Director of Addiction Services of Prince Edward Island. Dr. Killorn was the previous Director of Queens County Addiction Services and had resigned from that position in December of 1989. After an advertised competition, Dr. Killorn assumed the position of Executive Director of Addiction Services of Prince Edward Island on March 5, 1990. Dr. Mark Triantafillou had previously occupied this position on a part-time basis, but an Addiction Review Committee, established by the Minister, had recommended in their report received in November, 1989, that a full-time Director should be appointed. Dr. Triantafillou had served in this position since 1980 and had been responsible for the development of the present system between the Government and the three County Boards as well as the continuance of that system. Since his move to Summerside to practice psychiatry there on a full-time basis, his direct involvement with Addiction Services was of necessity of a minimal nature.

On behalf of the Government, the staff of the Central Administration, the three County Boards and the County Directors, the sincere gratitude of all concerned goes to Dr. Triantafillou for the work he has done over the years in guiding Addiction Services of Prince Edward Island in the development of expanding therapeutic and prevention activities in the addiction field on Prince Edward Island.

CENTRAL ADMINISTRATION PERSONNEL

MARCH 31, 1990

Dr. Leo H. Killorn	Executive Director Addiction Services of Prince Edward Island
Mrs. Heather MacPherson	Coordinator Prevention and Training
Mr. James McCabe	Business Manager
Mr. Ben Hogan	Personnel Manager
Mrs. Eleanor Compton	Secretary

INFORMATION/TRAINING SESSIONS - CENTRAL ADMINISTRATION

	1988-89	1989-90
Sessions	22	26
Attendance	522	655
Individuals	443	521

PROVINCIAL ADMISSIONS

	1988-89			1989-90		
	Male	Female	Total	Male	Female	Total
Detoxification	1,564	222	1,786	1,473	254	1,727
Rehabilitation	725	107	832	568	105	673
Halfway House	273	---	273	259	---	259

KINGS COUNTY ADDICTION SERVICES

Breakwater Street
P.O. Box 100
Souris, P.E.I.
C0A 2B0

TELEPHONE: 687-2150

BOARD OF DIRECTORS
KINGS COUNTY ADDICTION SERVICES
APRIL 1, 1989 - MARCH 31, 1990

Mrs. Mary Kelly, Chairperson

Mr. Jim MacDonald, Vice-Chairperson

Mr. Bill MacLure, Secretary

Mr. Louis Callaghan

Mr. Emerson Gormley

Mr. Joseph MacKinnon

Father Brendon Gallant

Mr. Lonnie Riley

Mr. Leslie Phelan

Mrs. Marcella MacRae

MANAGEMENT PERSONNEL

Ms. Patricia LeClair, R.N.	Kings County Director
Ms. Maureen McIver, R.N., B.N.	Nursing Supervisor
Mr. Alfred Egan, B.A., B.Ed.	Community Development Coordinator
Ms. Lorna Muzzerall, R.N., B.N.	Family Therapist
Dr. Donald Vickerson	Medical Consultant

OVERVIEW OF 1989-90

During the past year there have been no major changes in the programs offered by Kings County Addiction Services Inc.

We continue to provide (1) detoxification services, (2) services to non-residential clients (group therapy sessions on a daily basis), (3) family services, (4) public information to schools and community groups and overall networking with various provincial agencies especially those in Kings County, (5) aftercare sessions both in Souris and Georgetown.

In addition to the above programs we have been offering a follow-up service on a weekly basis for people who have been unable to attend a rehabilitation program. This program is being addressed at the present time with the idea that the A.A. community look after it as a discussion group.

We are still applying for and proving the need for a non-residential rehabilitation program in Kings County. We are most hopeful that such a program would be in place before the end of the year 1990.

The content of the various programs continues to be monitored and improvements are being made as necessary. We are continuously trying to provide the residents of Kings County with adequate addiction care in all areas of their lives. This in turn improves community mental health.

Kings County Addiction Services is an integral part of Souris Area Health Council which meets on a monthly basis in Souris. This is an excellent networking system and gives all agencies within the area an opportunity to explain their role in health care and at the same time allows for more total care to the affected individuals when we are familiar with each agency's expertise.

We also continue to have excellent liaison with A.A. and Alanon; more work needed to be done with Alateen. All clients that we see who suffer from the disease of chemical dependency are referred to A.A. and all family members to Alanon.

DETOXIFICATION PROGRAM

The Kings County Detoxification Unit is located in Souris on Breakwater Street. It is a twelve-bed facility and is functional throughout the entire fiscal year.

The primary function of the Unit is to provide a protective setting which allows clients to withdraw safely from alcohol and other drugs under medical supervision.

A second function is that of motivating and guiding clients to further treatment. This is done through individual counselling, lecture-discussion groups and through referral to other Addiction Services programs as required.

A third function is that of providing support to individuals who are sober but are experiencing some severe sobriety-based symptoms of alcoholism. To that end we will admit for stabilization and counselling.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number of Admissions	472	442
Total Number of Male Admissions	431	397
Total Number of Female Admissions	41	45
Total Number of New Admissions	80	83
Total Number of Individuals Admitted	257	264
Total Number of Male Individuals	225	242
Total Number of Female Individuals	32	22
Average Age - Males	45 yrs.	46 yrs.
Average Age - Females	41 yrs.	41 yrs.
Average Length of Stay - Males	6 days	6 days
Average Length of Stay - Females	7 days	7 days
Residential Individual Counselling Sessions	510	313
Non-Residential Individual Counselling Sessions	308	215

Highway Safety Division

Number of Highway Safety Assessments	58	53

NON-RESIDENTIAL SERVICES

The following services are provided on a non-residential basis, by Addiction Workers:

Aftercare

This is a program available to all chemically dependent persons who have completed a rehabilitation program, either residential or non-residential. It is conducted by staff and other chemically dependent persons who have several years sobriety and are well established in a program of Alcoholics Anonymous. The recommended length of stay in this program is one year, with attendance on a weekly basis.

STATISTICAL SUMMARY

	1988-89	1989-90
Number of Group Sessions	142	116
Number of Individuals	696	609
Average Group Size	14	16

FOLLOW-UP

This group therapy program is designed for chemically dependent persons who have gone through a detoxification program but who have not as yet had a rehabilitation program. After discharge from Detoxification, it is recommended that people attend one follow-up meeting per week at the Detoxification Unit for a period of six months. Clients are also strongly encouraged to become involved in the Alcoholics Anonymous program.

STATISTICAL SUMMARY

	1988-89	1989-90
Number of Group Sessions	52	51
Number of Individuals	401	537
Average Group Size	28	38

COMMUNITY DEVELOPMENT

The Community Development Coordinator works on a six-month basis from mid-September until mid-March.

School and Community Information Program

This program in Kings County is under the direction of the Community Development Coordinator. Information programs are offered to various groups and organizations within Kings County, and furthermore, while this component of our information outreach service is recognized as valuable and necessary, it is in the school system where our greatest emphasis lies.

A core program of chemical dependency information was designed and implemented by the coordinator to operate at the Grades 5-9 levels inclusively. Other grade levels are offered the same service upon request. The school program has as its overall philosophy the creation of an atmosphere in which a concentrated effort may be made in the areas of prevention and early intervention. The direction taken was to focus strictly upon the subject of chemical dependency per se (i.e. alcoholism, drug addiction), and to examine it on an indepth level. This approach supplemented and enhanced the schools' existing health education curriculum which focused primarily upon factual information and statistical data with respect to alcohol and a variety of other drugs.

Our program also dovetailed and interfaced with the Alcohol-Marijuana Information Program offered by Allied Youth. Each school visited was given a resource package of pamphlets and handouts containing information on a wide variety of drugs. These materials were for teacher and library use.

The Community Development Coordinator also serves on a provincial committee to aid in the development and coordination of provincial projects such as Drug Awareness Week.

To aid us in our attempts to make our Community Information Outreach Program better known to the public at large, a great deal of advertising is done through such devices as public service announcements in various media and a mail advertising campaign to various service clubs, community, professional and church groups throughout the County.

STATISTICAL SUMMARY

	1988-89	1989-90
Number of Classroom Sessions	77	68
Total Number Attending	1,876	2,227
Number of Community Sessions	5	4
Total Number Attending	39	156

LONG-TERM CARE CENTRE

This ten-bed Long-Term Care facility in Georgetown continues to accommodate people from all three Counties who suffer from chronic chemical dependencies. The length of stay varies with the individual needs of the client.

The Georgetown House continues to operate with a supervisor and two attendants who cover the evening and week-end shifts.

A program is conducted daily which consists of group discussion, individual counselling, films, life skills, residential and community meetings of Alcoholics Anonymous. After a suitable period of time, when residents are adjusted to the Long-Term Care Program, they are encouraged to seek employment.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number of Admissions	49	43
Total Number of Individuals	28	32
Average Length of Stay	40 days	36 days
Average Age	46 yrs.	47 yrs.
Occupancy Rate	58%	46%
Total Number Days Stay	1,960	1,675

FAMILY PROGRAM

The Family Program for Kings County Addiction Services continues to grow and at the same time offers various services for the family of the chemically dependent person.

The Family Information Program consists of nine family related subject topics presented consecutively on a continuous weekly basis. Each session lasts for one hour with time allowed for discussion following the presentation. Sessions are in Georgetown on Mondays and in Souris on Thursdays from 7:00 p.m. to 8:00 p.m.

Much of the week's work of the Family Program is spent making phone calls to the family members inviting them to the Family Information Program and for individual counselling. An arrangement has been made with the Montague Regional Service Centre office to allow the Family Therapist space in the Centre where clients can be counselled on Monday afternoons and Wednesday mornings. This allows a total of seven hours per week specifically set aside for counselling of Montague and surrounding area residents.

Referrals from other agencies are very much on the increase as more of these same agencies become aware of our services.

Office hours in Souris include meetings with the staff physician, Dr. Vickerson, and the nursing staff to share updated information on the progress of residents in treatment with emphasis on family involvement.

Occasionally information is presented on the effect of chemical dependency on the family to outside agencies and schools. These presentations may take place during the working hours or in the evening and range from one to three hours per session.

The main goal of the Family Program for Kings County Addiction Services is to make every person in this County aware of the service offered to those in need of support when dealing with the problem of chemical dependency.

STATISTICAL SUMMARY

	1988-89	1989-90
Number of Family Presentations	83	65
Number in Attendance	523	283
Number of Individuals	337	187
One on One Consultations	411	380
Telephone Contacts - Client	289	347
Telephone Contacts - Professional	190	128
Number of Outside Talks	49	91
Number in Attendance	632	574
Referrals to Other Agencies	31	39
Referrals from Other Agencies	143	290

QUEENS COUNTY ADDICTION SERVICES

McGill Avenue
P.O. Box 1832
Charlottetown, P.E.I.
C1A 7N5

TELEPHONE: 368-4120

BOARD OF DIRECTORS

ALCOHOL AND DRUG PROBLEMS INSTITUTE INC.

APRIL 1, 1989 - MARCH 31, 1990

Dr. Leo Killorn, President (Resigned March 1990)
Mrs. Shirley Beck, President (Appointed March 1990)
Mr. Gerry Birt
Mr. Jack Blanchard
Mr. Jim Brady
Mr. Colin Campbell
Mr. Brian Gillis
Mrs. Helen Killorn
Ms. Gladys MacMillan
Mr. Ray Malone
Mrs. Muriel Murtagh
Mr. Albert Ross
Dr. Marjorie Smith
Mr. Gordon Tweedy

MANAGEMENT PERSONNEL

Mr. Colin Campbell, C.A.C.	Administrative Director (Appointed Janaury 1, 1990)
Marjorie A. Smith, M.D.	Medical Director
Sister Bertha McCarthy, R.N.	Nursing Supervisor Detoxification Unit
Mr. William Allen, C.A.C.	Supervisor Rehabilitation Services
Mr. Peter MacLean	Manager Halfway House

OVERVIEW OF 1989-90

During the 1989-90 fiscal year there were no major changes in the basic programs being presented by the Alcohol and Drug Problems Institute through the mechanism of Queens County Addiction Services. We continue to provide both residential and non-residential detoxification services, residential and non-residential rehabilitation services, services to family and children of addicted persons, an aftercare program, public information to schools and community groups, as well as overall networking with other related service agencies within the community.

The content of these varying programs continued to be monitored and improved on a regular basis by the Director and staff through the mechanism of weekly staff meetings of various departments. The effectiveness of the program is, in the main, measured by the percentage of persons which move through the various elements of the program, for example, the percentages of those in Detoxification who engage in a rehabilitation program, percentage of those from the Rehabilitation program who engage in the Aftercare Program, and the percentage of those who begin the Aftercare Program who complete the program.

During this fiscal year no programs were discontinued and we continue to be able to present recovery programs to large numbers of chemically dependent persons, as well as their families, despite a continuing strain on our limited resources.

The total number of admissions to the Detoxification Unit at the Addiction Services Centre decreased somewhat from 749 the previous year to 729 during this fiscal year. The decrease seems to be mainly in the area of male admissions which decreased from 630 to 583. There was an increase in the number of female admissions from 119 to 146. These figures represent a 4 percent difference in both the number of male and female admissions. The percentage of new admissions decreased by 4 percent from the previous year to 40 percent. The percentage of the total admissions referred to the Rehabilitation Program or Phase II decreased from 50 percent in the previous year to 44 percent. Our Residential Rehabilitation Program saw a decrease in participants during this fiscal year from 351 to 295. The number of females participating in the Residential Rehabilitation Program remained essentially the same, increasing by 1, from 52 to 53. One area of concern is a significant drop in the number on non-residential clients from 335 to 234 during this year. Some of this decrease may be explained through a decrease in Social Service referrals from 24 to 7, a drop in Highway Safety referrals from 86 to 65, and a slight decrease in employer referrals from 7 to 5. However, it appears that this year there was a general trend to less demand for treatment services. In the coming year we will attempt to revitalize our referral network to address these concerns.

The Aftercare Program, which includes attendance at weekly meetings for a period of 24 weeks, continued to operate successfully during the year. Although there was a slight drop in participation from 245 to 218 individuals, the effectiveness of the program has increased and the completion rate has risen during this year from just over 56 percent to just under 61 percent.

The ten-session Family Program, held on Monday evenings showed a drop in the number of participants, decreasing in relation to the overall decrease in admissions from 1,779 to 1,518. Although this was a significant decrease from the year before, it is closely in line with the 1987-88 figures.

In the area of staffing there were major changes in the 1989-90 fiscal year. Of these, by far the most significant was the retirement of the Director and founder of the Alcohol and Drug Problems Institute, Dr. Leo Killorn. Dr. Killorn has always been the driving force in the Alcohol & Drug Problems Institute, and his parting has had significant impact on the organization. Although the duties of Medical Director had been assumed in the previous year by Dr. Marjorie Smith, the administrative function of Dr. Killorn's position was filled with the appointment of Mr. Colin Campbell. Mr. Campbell had previously been employed by the Protestant Family Service Bureau. Prior to this he had worked for the Alcohol & Drug Problems Institute and Queens County Addiction Services and had been instrumental in the development of the Adolescent and Children of Alcoholics Programs at the Institute. Dr. Killorn had also functioned as the Chairman of the Board of Directors of the Alcohol & Drug Problems Institute and was replaced in March of 1990 by Mrs. Shirley Beck, who had been an active member of the Board previous to this time.

In addition, two key members of the staff, Mr. Damien Dunsford, Non-Residential Rehabilitation Program Therapist, and the Family Therapist, Ms. Rose Roach, R.N., were forced to take extended leave as the result of health concerns. Ms. Roach, who was on leave for a six-month period, was replaced during that time by Ms. Darlene Oakes, C.A.C., who had been working in the Adolescent Program at the Institute. Ms. Oakes carried out the duties of this position in a commendable fashion. Mr. Dunsford, who was on leave from October 1989 to the end of the fiscal year, was replaced by Mr. Dan Malone, one of our Residential Rehabilitation therapists, and his position, in turn, was filled by one of our evening therapists, Mr. Don Smith. Mr. Smith's position was filled on a casual basis, and all the employees involved did a fine job in this pressing situation.

Our liaison with various government agencies continued to operate in a similar manner as in the past. Our contact with the Department of Health and Social Services was Marlene Roe, R.N., who visits the Treatment Centre on a weekly basis and arranges for referrals and assessments with our Residential and Non-Residential staff.

Our major contact with the Department of Justice is Helen Flynn, R.N., who has been engaged in assessing inmates at the Provincial Correctional Centre and the Summerside Jail in order to obtain temporary absence for those individuals who are considered amenable to our treatment programs.

Brian Smith of the Correctional Service of Canada (P.E.I. Division) arranges for transfer of federal inmates to our programs and provides for adequate assessment and follow-up of these persons.

The staff of the Highway Safety Division in Charlottetown continues to provide us with referrals of persons who have had two or more impaired driving convictions for assessment and suggested recovery program. The local psychiatrists, as well as the Outpatient Department of the Queen Elizabeth Hospital, are also a major source of referrals, either on a voluntary basis or Mental Health Act certification. In the past fiscal year there was an increase in the number of persons certified under the Mental Health Act from 93 to 101.

The majority of the programs presented are administered under an agreement between the Prince Edward Island Government's Department of Health & Social Services and the Alcohol & Drug Problems Institute Inc. The Institute continued to operate programs such as the Adolescent Program and the Children of Alcoholics Programs, the Montague Regional High School Student Assistance Program, and a new program for Adult Children of Alcoholics, which were funded from other agencies, namely, federal government or local contributions.

The Board of the Institute continued to meet on a regular basis to discuss the stabilization and progression of treatment programs, with the major focus of the Board this year being on staffing and policy issues related to the departure of Dr. Killorn, and the ongoing development of the Adolescent and Children of Alcoholics Programs.

The programs presently being administered by the Alcohol & Drug Problems Institute under the designation of Queens County Addiction Services and government funded are as follows:

1. Residential Detoxification Program
2. Residential Rehabilitation Program
3. Non-Residential Rehabilitation Program
4. Residential Assessment Unit
5. Residential Halfway House
6. Non-Residential Family Program
7. Aftercare Program
8. Parole Program

9. Impaired Driver Program
10. Public Relations and Information Program including school programs
11. Early Release Probation Program
12. Relapse Prevention Program
13. Statistical Surveys and Evaluation Program

In this 1989-90 report the statistical information of each of these departments will be presented along with comparisons of the previous year.

Although there have been significant changes in this fiscal year, the Board of Directors and the staff of the Alcohol & Drug Problems Institute continue to use as their basic philosophy the precept that chemical dependency to any psychoactive drug, including alcohol, is a primary chronic disease which is treatable. We do not subscribe to approaches which do not incorporate this important tenet. In continuing to adhere to this philosophy, we have maintained an excellent liaison with community groups including Alcoholics Anonymous, Al-Anon, and Alateen. We provide individual group sessions as well as meeting with Alcoholics Anonymous groups within our Rehabilitation Program format. We continue to refer all of our clients with the disease of chemical dependency to either Alcoholics Anonymous or Narcotics Anonymous in the community. Family members are referred to the Al-Anon family groups and Alateen.

We incorporate the principles of the Twelve Step recovery program of Alcoholics Anonymous into all of our treatment programs.

RESIDENTIAL DETOXIFICATION UNIT

The objectives of this Unit are to provide (1) safe detoxification of clients from psychoactive substances; (2) physical, psychological, social, and spiritual assessment of the client; and (c) motivation towards further treatment.

The nursing staff of the Unit, under the supervision of Sister Bertha McCarthy, R.N., serves as the major liaison between the client, their families, and various community groups who are involved with the care of the client. One of the major activities of this staff is continuing liaison with the staff of the Emergency Department of the Queen Elizabeth Hospital, as well as other staff members of the hospital, for the purpose of transfer of clients to and from our facilities.

Dr. Marjorie Smith, as Medical Director, maintains contact with the physicians in the community, as well as the psychiatric physicians, so that adequate chemical dependency treatment can be provided to as many medical clients as required.

The total number of admissions during 1989-90 to the Detoxification Unit was 729, which is a decrease of 20 from the number of the previous year. The average number of monthly admissions is 61, with 80 percent of these being male. There has been an increase in the number of female admissions from 119 to 146, and the percentage of female admissions has risen from 16 percent in 1988-89 to 20 percent in 1989-90.

The total number of new admissions to the Unit was 291, compared to 326 the previous year. The percentage of new admissions decreased to a level of 40 percent.

There has been a significant increase in the number of persons admitted who are using cocaine. This appeared to be mainly ingested by a nasal or parenteral route, and we have seen little of crack cocaine during this year. The majority of those who use this dangerous drug appear at the present time to be using it in conjunction with other psychoactive chemicals, but we have seen a dramatic increase in persons for whom cocaine was the major drug of choice.

325 persons were referred to Phase II, or the Rehabilitation section of our program, compared to 373 the previous year. This was approximately 45 percent of our total admissions, and amounted to 27 persons per month.

The total number of persons under a certification of the Mental Health Act increased slightly during 1989-90 to a level of 101 persons, from 93 the previous year. The total number of Social Service referrals increased to 50 during this fiscal year, recovering from a recent low of 44 in 1988-89.

We continue to admit residents of Kings County to our Detoxification Unit and these are included in our statistics.

The number of employer referrals continued to decrease from 37 the previous year to 15 during 1989-90. This included persons engaging in both our residential and non-residential programs. This area needs some action during the coming year.

The number of persons dependent on cannabis decreased slightly from 182 to 160. The nursing staff continues to do urinary assays for cannabis and benzodiazepines, and those with high levels of these chemicals are monitored on a continuing basis. Urinary assays for cocaine are now conducted and have become a major portion of our drug screening procedures.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number Admissions	749	729
Total Number Male Admissions	630	583
Percentage of Male Admissions	84%	80%
Total Number Female Admissions	119	146
Percentage of Female Admissions	16%	20%
Average Number Monthly Admissions	62	61
Average Number Monthly New Admissions	27	24
Total Number New Admissions	326	291
Percentage New Admissions	44%	40%
Average Length of Stay - Males	6 days	6 days
Average Length of Stay - Females	6 days	7 days
Total Number Referred to Phase II	373	325
Percentage of Total Admissions to Phase II	50%	45%
Average Monthly Number Referred to Phase II	31	27
Average Age - Males	39 yrs.	41 yrs.
Average Age - Females	42 yrs.	38 yrs.
Total Number Persons Certified	93	101
Average Monthly Number Certified	8	8
Total Number Social Service Referrals (Residential)	44	50
Total Number Dependent on Cannabis	182	160
Total Number Employer Referrals (Residential & Non-Residential)	37	15
Total Number Highway Safety Division Referrals (Residential)	20	22
Total Number Kings County Resident Admissions	82	91

RESIDENTIAL REHABILITATION PROGRAM (PHASE II)

Staffing of the Residential Rehabilitation Program continued as in previous years with two therapists being present during the day from Monday to Friday, and two evening and weekend therapists being employed for the evening shift and to cover the day and evening shift during the weekend. There is no therapist on duty during the night hours, when any problems arise in the area they are handled by the nurse and attendant in the Detoxification Unit, which is adjacent to the Rehabilitation Unit.

Admissions to this program continue to come through the Detoxification Unit and the programs were basically unchanged from the previous year.

The major objectives of this portion of the program are: (1) to encourage the resident to identify as a chemically dependent person because of the consequences of their use; (2) to provide insight into the nature of their disease; and (3) to encourage motivation towards developing a continuing recovery program which can be followed after the Rehabilitation Program. The recovery rates of persons engaging in this portion of the program continue to be much higher than those who are merely detoxified.

The number of admissions to the Residential Rehabilitation Program decreased by 56 during 1989-90 to a number of 295, of which approximately 18 percent were female. There was little change in the number of females from 52 the previous year to 53 in the year 1989-90. The average age of those engaging in this program is approximately 34 years, whereas the average age in the Detoxification Unit is approximately 39.5 years.

There were a total of 13 referrals accepted from the Detoxification Unit of Kings County Addiction Services.

Persons engaging in this program develop a continuing recovery program in conjunction with the therapist, and all are referred to the Aftercare Program, either in Kings County or Queens County, following their discharge. It is also recommended that they attend two meetings of community Alcoholics Anonymous or Narcotics Anonymous per week for a period of at least six months.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number of Admissions	351	295
Total Number of Male Admissions	299	242
Total Number of Female Admissions	52	53
Average Number Monthly Admissions	29	25
Average Age - Males	35 yrs.	36 yrs.
Average Age - Females	36 yrs.	32 yrs.
Average Length of Stay	17 days	17 days
Total Number of Admissions - Parole	18	21
Total Number Employer Referrals	28	10
Total Number Kings County Addiction Services Referrals	30	19

NON-RESIDENTIAL REHABILITATION PROGRAM

Although this program continues to provide information on cannabis and cocaine, the emphasis continued to remain on alcohol dependency. In addition to the two-hour daily information program in which both the residential and non-residential rehabilitation clients engage, two sessions per week of group therapy with non-residents were conducted following the programs on Tuesdays and Fridays. Individual counselling was also carried out by the staff of this department, as well as assessment of persons referred from the community.

Dr. Marjorie Smith, who is Medical Director of the Detoxification Unit, also directs the clinical activities of the Residential and Non-Residential Programs as Medical Director. In this capacity she has replaced the previous Medical Director, Dr. Leo Killorn. The number of persons engaging in the Non-Residential Program decreased markedly during 1989-90 from 335 the previous year to 234 this fiscal year. This marked a return to near the usual level as represented in 1987-88 at 263. The average number of monthly admissions to the Non-Residential Program was 20.

Combined with the number of persons in the Residential Rehabilitation Program, the total number of those who were provided with the morning informational sessions was 527, for an average of 44 persons per month in the Rehabilitation Programs of Queens County Addiction Services. Again, we would emphasize that we are unaware of any treatment program that provides services to such a large number of individuals with such a small staff.

All persons engaging in the Non-Residential Rehabilitation Program are also referred to a long-term Aftercare group. The average age of non-residents was approximately 38 years, which is somewhat older than those engaging in the Residential Rehabilitation Program.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number Admissions (Residential)	351	295
Total Number Admissions (Non-Residential)	335	234
Total Number Engaging in Program	686	529
Average Monthly Admissions (Non-Residential)	28	20
Total Number Employer Referrals	7	5
Total Number Social Service Referrals	24	7
Total Number Highway Safety Division Referrals	86	64
Average Age	40 yrs.	38 yrs.
Number of Females (Non-Residential)	42	40

RESIDENTIAL ASSESSMENT UNIT - POLICE UNIT

There was no change in the staffing or the procedures of the Assessment Unit during the year 1989-90. The Unit serves the following functions:

(a) Provides short-term protection for those persons referred by the police for public drunkenness in lieu of incarceration at the Provincial Correctional Centre.

(b) Those referred from the Outpatient Department of the Queen Elizabeth Hospital for short-term care and assessment.

(c) Persons requesting or requiring short-term detoxification

There are eight beds in this unit and they are staffed by addiction workers under the supervision of the nursing staff of the Detoxification Unit.

Since we do not provide detention rooms in this unit for those who are unruly or aggressive, 40 percent of those persons brought by the police are still transported to the Correctional Centre.

Admissions to this unit are either brought by the local police or R.C.M.P., or screened through the nurse in charge of the Detoxification Unit. The unit provides a much needed emergency service to the community and prevents the regular Detoxification Unit from becoming a revolving door operation.

The number of admissions to this unit during the year 1989-90 was approximately 11 less than the preceding year, namely, 1,874 compared to 1,885 the preceding year. The average number of monthly admissions was 121 or 4 per day. 186 persons were referred from this unit for further treatment, either to the Detoxification Unit, the Non-Residential Rehabilitation Program, or to the Residential Halfway House. This figure is nearly double that of the previous year at 95, and represents a commendable effort on behalf of staff.

In order to cut down the number of persons being transported by the police to the Provincial Correctional Centre because they cannot be contained in the unit, obviously one or two seclusion rooms are necessary in the area. It is our opinion that these rooms should be at Hillsborough Hospital rather than in our Assessment Unit.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number Referrals	1,885	1,874
Total Number of Police Referrals	1,623	1,580
Total Number Admitted	1,449	1,453
Total Number Police Referrals Admitted	1,320	1,214
Number Referred to Provincial Correctional Centre	613	453
Percentage of Police Referrals Admitted	81%	77%
Average Number Monthly Admissions	121	121
Average Number Monthly Police Admissions	110	101
Percentage of Police Admissions	91%	84%
Number Referred for Further Treatment	95	186
Average Length of Stay	2 days	2 days

RESIDENTIAL HALFWAY HOUSE - TALBOT HOUSE

This house, which is located on Kent Street in Charlottetown, contains 18 beds for those persons who are believed to require continuing treatment and protection after completion of the Rehabilitation Program or by staff decision being transferred from the Assessment Unit. The occupancy rate of this unit increased during 1989-90 to approximately 76 percent, with the average length of stay increasing to 41 days.

The recommended length of stay in this facility is two months. The total number of admissions to the unit had decreased slightly from 118 the previous year to 112 in 1989-90. There were 95 individuals served in this facility compared to 98 the previous year. The average age of persons using the Halfway House decreased slightly to 36 years.

There has been an increase in the number of residents leaving the Halfway House and continuing treatment by engaging in our regular Aftercare groups. There is an Aftercare group which functions at the Talbot House for the short period of time that these persons are residents, but they do require longer support through our Aftercare groups.

Programs are presented to the residents during their stay at the Halfway House to attempt to identify their living problems, increase their life skills, set relapse prevention plans, and obtain gainful employment.

When considered necessary, urinary assays are performed on a random basis on residents of the Halfway House.

Two regular Alcoholics Anonymous meetings are held in this facility weekly.

It should be noted that there was a significant increase in the number of parolees admitted to the Halfway House during 1989-90. The number the previous year had been 18 and this year was 25.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number of Admissions	118	112
Total Number Individuals Served	98	95
Occupancy Rate	69%	76%
Average Length of Stay	35 days	41 days
Average Age	38 yrs.	36 yrs.
Total Number from Parole Services	18	25

NON-RESIDENTIAL FAMILY PROGRAM

As noted previously, the Family Therapist was changed during the year 1989-90 due to illness. Rose Roach was replaced for six months by Darlene Oakes. Ms. Oakes did an excellent job. This one Family Therapist position again continued to be responsible for the entire program with the assistance of other staff members and volunteers. We should, once again, mention that there is a marked overload in this part of our program, which is considered an integral part of the recovery of the total family, and it should be obvious that an additional Family Therapist is required by Queens County Addiction Services. The Family Therapist not only performs initial assessment on all family members of persons engaging in the chemical dependency program, but also organizes and operates the weekly Family Orientation Program, performs one-to-one counselling, and attends both residential and non-residential weekly meetings with the therapy staff.

Persons entering this program are either (a) referred by organizations or government departments dealing with the family in the community, (b) voluntarily seeking help for an addiction problem in their family, or (c) they are assessed by another staff member and referred to the Family Therapist for individual counselling and assessment, and hopefully engagement in our Family Orientation Program.

All persons engaging in our Rehabilitation Programs, either residential or non-residential, are requested to provide the name of a family member who can be contacted by the Family Therapist and an interview requested. The majority of those who are contacted will come for an initial interview, and approximately two-thirds of these will attend the Family Orientation Program.

The Family Orientation Program consists of ten weekly sessions of two hours duration on Monday evening and are open-ended. There are no group therapy sessions provided for those engaging in the Family Program, but continuing individual counselling is carried out by the Family Therapist. The total number of Family Orientation sessions presented during 1989-90 was 46 with the average attendance at each session being 26 adults and 7 children.

There are no specific Aftercare discussion groups provided for family members other than those who attend the Parents Support Aftercare Group, whose adolescent children are in our Adolescent Program and an Adult Children of Alcoholics Program.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number Family Orientation Sessions	44	46
Average Attendance, Monday Night Family Program		
(a) Adults	32	26
(b) Children	8	7
Total Number Individuals		
(a) Adults		265
(b) Children		52

AFTERCARE PROGRAM

Phase III of our program following Detoxification (Phase I) and Short-Term Rehabilitation - non-residential and residential (Phase II), is described as Aftercare, and is an essential part of our total program. The basic Aftercare Program consists of attendance at one weekly group session led by an aftercare counsellor plus attendance at two community meetings of self-help groups, mainly Alcoholics Anonymous. In addition, individual counselling is carried out on a monthly basis for those requiring it, and is mandatory for those referred through the Employee Assistance Program.

The Aftercare Program is recommended for all persons who have completed either the residential or the non-residential three-week rehabilitation programs. The length of stay in the Aftercare Program is recommended to be at least six months, but this time may be extended to one year under certain circumstances. The length of stay in Aftercare should probably be one year for all clients, but because of limited resources they have been confined to six months. Eight Aftercare groups operated on a continuing weekly basis during 1989-90 with an average attendance of 9.1, which is slightly lower than the previous year when it was 10.2. The number of persons served in this program was 218, which was slightly lower than the previous year with the number completing as 132 or 64.6%. It should be noted that the percentage of those completing the program as related to those beginning continues to rise each year, and this year showed an increase of over 7 percent.

There is frequent communication between the Aftercare group leaders and the Phase II addiction therapists, and a monthly meeting is held, at which time administrative and other problems are discussed with the group leaders, the Director, and the staff member responsible for monitoring these groups, namely, the Community Development Officer for Queens County Addiction Services.

In addition, two half-day training sessions for Aftercare leaders are carried out each year.

STATISTICAL SUMMARY

	1988-89	1989-90
Number of Aftercare Groups	8	8
Number of Aftercare Sessions	388	406
Average Number in Attendance	10.2	9.1
Total Number of Persons Served	245	218
Number Completing Aftercare Program	138	132
Number of Females Completing Aftercare	42	45

PAROLE PROGRAM

The program which is recommended for parolees, either from federal or provincial correctional institutions, is a three-week Residential Rehabilitation Program followed by two months at the halfway house. During the stay at the halfway house they engage in Alcoholics Anonymous meetings in the house, plus an Aftercare group each week. It has been recommended that when they leave the halfway house they become absorbed into one of our other Aftercare groups.

During the year 1989-90 the number of parolees treated in our program decreased from 22 in 1988-89 to 21 in 1989-90. There were four persons who began the program but were returned to the Correctional Centre because of breaking the rules.

The results of this program continue to be adequate as assessed by the local representative of the Correctional Service of Canada, namely, Brian Smith.

STATISTICAL SUMMARY

	1988-89	1989-90
Number Persons Completed Program	22	21

IMPAIRED DRIVER PROGRAM

This segment of our program, which is operated in conjunction with the Highway Safety Division, has become relatively stabilized over the past five years. Persons referred to this program are those who have had three or more convictions for impaired driving at any time during their driving history. Those with a lesser number of convictions may be referred if found appropriate by the Highway Safety Division staff. Persons referred are assessed by one of our staff members and referred to either the Residential Rehabilitation Program or the Non-Residential Rehabilitation Program. It is compulsory for those people to complete the program in order to have their driver's license reinstated or retained.

Monthly reports are provided to the Highway Safety Division and it is on the basis of these reports that a decision is made regarding the person's reinstatement of their driver's license. Since the Alcohol and Drug Problems Institute provides rehabilitation services to Kings County residents, recidivist impaired drivers from this county are also referred to our residential or non-residential services. They are, however, referred back to Aftercare Programs in Kings County. The total number of persons from both Queens and Kings County who completed the program during the year 1989-90 was 81, compared to 107 the previous year. Of this number, 30 were from Kings County and 51 from Queens County. This number from Queens County has decreased markedly from the previous year, when the number was 82. Of those who began programs, only 5 did not complete. Kings County assessments are conducted by the staff of Kings County Addiction Services.

A review of the results obtained by our treatment programs for impaired drivers was conducted during the summer of 1988. It was found that impaired drivers who were diagnosed as having the disease of alcoholism and who engaged in our program showed a dramatic improvement in their abstinence rates, as well as in the quality of their lives. These results served as a definite confirmation that our programs are extremely adequate in engaging a group in recovery programs who would not have otherwise be accessed.

It was again necessary for the regular staff to absorb the extra assessment, treatment, and reporting activities required to provide this service to the Highway Safety Division, but, once again, no increased resources were supplied. It continues to be felt that a liaison person is necessary between the Institute programs and the Highway Safety Division in order to continue to increase the results of this very important program.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number Assessments	92	70
Total Number Completed Non-Residential Program	86	61
Total Number Completed Residential Program	21	20
Services Provided to Highway Safety Division Referrals from Kings County Addiction Services:		
Non-Residential Rehabilitation Program	20	17
Residential Rehabilitation Program	15	13
Total (Queens & Kings Counties)	107	81

EARLY RELEASE PROBATION PROGRAM

Helen Flynn, R.N., who continued to be seconded to the Alcohol and Drug Problems Institute from the Department of Justice to operate and monitor this program, continued to perform these activities during 1989-90.

The procedure was to have Helen Flynn assess persons at the Provincial Correctional Centre, mainly those incarcerated for impaired driving offences, and recommend transfer of those persons to the Residential Rehabilitation Program of the Alcohol and Drug Problems Institute under a Temporary Absence mechanism. During this fiscal year 36 persons were released under Temporary Absence. They were all absorbed into the mainstream of the Residential Rehabilitation Program and there was no specific program directly related to this group since we did not feel that this was feasible or necessary.

PUBLIC RELATIONS AND INFORMATION PROGRAM

Under the direction of the Community Development Coordinator, the activities of this program in Queens County were basically similar to the previous year. In the name of primary prevention of alcohol and drug problems, we continue to present programs to the elementary and junior high schools in this area, as well as special programs for senior high schools. Our focus has shifted from discussing the characteristics of specific drugs and the physical and psychological consequences of their use or abuse, to discussions on chemical dependency per se, with specific emphasis on alcoholism and cannabis dependency. Community professional and non-professional groups were also provided with information on our programs and on our philosophy towards the disease of chemical dependency, and the mechanisms for dealing with this.

In addition to monitoring and providing many of these school and community programs, the person designated as Community Development Coordinator also monitored the Highway Safety Division Program and our extensive Aftercare Program.

The information services provided to professional and non-professional groups in the area were, in some cases, in cooperation with the Community Development Coordinator of the Central Office. Our representative met with this Coordinator and the Community Development person from the other counties on a monthly basis to discuss mutual concerns.

The major emphasis in presentations to community groups continues to be directed towards youth and their problems with alcohol, marijuana, and various other legal and illegal chemicals. It has been perceived that there is an increase in the use of cocaine on Prince Edward Island, and our informational programs reflect the problems encountered with this drug.

There were no out-of-province speakers procured to provide seminars for the staff during the 1988-89 year. Various members of the staff, however, attended outside conferences either locally or in the Atlantic region, and reported on the contents of these conferences to the remainder of the staff. As in previous years, a one-day session was presented on two occasions for the Aftercare leaders in the Queens County Addiction Services program, and these sessions were organized by our Community Development Coordinator.

As in previous years, a weekly one-hour training session for the therapy staff of Queens County continued. Various therapists on the staff present their views on either attendance at conferences or from reading material to the rest of the staff. In addition to this, outside speakers from the local area are brought in to discuss problems connected with the operation of our services. This group also reviews films which may be presented either to staff or clients. The members of the staff attending these sessions are encouraged to read various periodicals and present the contents of articles in these journals to the remainder of the staff.

The Institute continues to focus a good deal of attention on the junior high schools, because we continue to believe that this is a crucial area in adolescent development, and has remained the major target group for our programs in the local schools. We offer a field trip to our non-residential facility combined with a two-hour informational session there. Once again, we might state that we are not reaching all the junior high schools in the area, but efforts continue to involve more schools.

The Community Development Coordinator has developed four modules for presentation to senior high school groups, and these were, once again, well received. We have also been involved with the Peer Education Program and the Students Against Drunk Driving program in the regional high schools.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Sessions (Elementary)	16	14
Total Number Individuals	412	432
Total Sessions (Junior High)	17	13
Total Number Individuals	499	493
Total Sessions (Senior High)	12	19
Total Number Individuals	275	425
Total Sessions (Mature Students & Community)	28	37
Total Number Individuals	536	995
Total Number of Sessions	73	83
Total Number of Individuals	1,722	2,345

STATISTICAL SURVEYS AND EVALUATION PROGRAM

The statistics for the various divisions of our programs are forwarded to the Central Office of Addiction Services on a monthly basis, as well as to our Community Development Coordinator and Director. We continue to utilize a monthly comparison form for each program in order that trends throughout the year might be noted and compared to other months, as well as similar months during the previous years. The statistics are analyzed by the Community Development Coordinator and presented to the staff at our weekly inservice meetings. The Community Development Coordinator continues to monitor the total Aftercare attendance which can be evaluated on a monthly basis, and these forms are also presented to the therapists, as well as to the Aftercare counsellors, at our regular meetings. An evaluation of the number attending Aftercare, as well as those beginning and completing the program are also included. The yearly summary is included in this report.

The Community Development Coordinator continues to monitor the Highway Safety Division Program and serves as our major liaison person with this department as well. This employee and the Director deal with any problems arising in our relationship with the Highway Safety Division. Monthly reports are provided to this division regarding compliance of their referrals with the directed program. Once again, we may state that we feel that a liaison person between Addiction Services and the Highway Safety Division is a necessity in order that these programs may continue to improve.

NEW INITIATIVES

At the present time the Alcohol & Drug Problems Institute Inc. does not envision any major new treatment programs. However, the programs related to chemically dependent adolescents and pre-teens and teenage children of alcoholics, which for the past six years have been funded outside the Prince Edward Island Government budget of Queens County Addiction Services continue to expand. The funding which was previously available to the Institute, namely, from an agreement with the Federal Parole Service and the community funding campaign will not be sufficient to carry these programs through 1991 and following. Therefore, we are actively pursuing sources of community-based funding.

The number of referrals to these programs have remained consistent for several years, and no decline in the demand for this service is anticipated.

In addition to the above, on a grant from the National Drug Strategy, a program for adult children of alcoholics has been developed. This program consists of a six-session information module followed by a twelve-week aftercare group. Although theoretically this should come under the Family Program along with the other childrens' programs, present funding is not sufficient for these programs.

In addition to the above, the Student Assistance Program at Montague High School has continued to operate under funding from the National Drug Strategy. However, the funds from the Drug Strategy are insufficient to provide the full counselling resources we contribute to the program, and it places additional strain on our Adolescent therapy staff and our programs at the Institute. Therefore, it is unlikely we will be able to continue this program in the coming year. It is the belief of the Board of Directors of the Alcohol & Drug Problems Institute Inc., as well as the staff, that the Adolescent Program should be incorporated under the umbrella of Queens County Addiction Services with funding from the Prince Edward Island Government through this mechanism. There has been a great deal of discussion in the community about providing services for youth and we feel that one of the responses of government should be to provide additional funding to the Institute to operate our developed and functioning programs. We see these programs as the cornerstone in our prevention strategy for youth, and continue to seek methods of providing community-based funding for these activities, but expect that we may need to reduce our staff from three to two in the coming year.

PRINCE COUNTY ADDICTION SERVICES INC.

216 Schurman Avenue
Summerside, P.E.I.
C1N 4W6

TELEPHONE: 436-4201

BOARD OF DIRECTORS

PRINCE COUNTY ADDICTION SERVICES INC.

APRIL 1, 1989 - MARCH 31, 1990

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Mrs. Amy Gaudet, R.N.	Nursing Supervisor Primary Care Unit
Mr. Michael Fitzpatrick	Rehabilitation Supervisor Intermediate Care
Mr. Gerald Rooney	Residence Manager Extended Care Unit
Dr. Sheldon Cameron	Medical Consultant

PRIMARY CARE (DETOXIFICATION PROGRAM)

The Primary Care Unit located in the basement of the Prince County Hospital's Nurses Residence carried out its objectives in much the same manner as in previous years. These objectives are to provide safe medically supervised detoxification from all mood-altering chemicals, instruction of clients as to the nature of their addiction and motivation to further treatment.

Self or family referrals continue to be the main referral source for this unit accounting for approximately 48 percent of the referrals. Other major sources of referral are hospitals, physicians, various areas of the justice system and non-residential counselling services of this agency.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number of Admissions	565	555
Total Number of Male Admissions	503 (89%)	493 (89%)
Total Number of Female Admissions	62 (11%)	62 (11%)
Total Number of Individuals	386	372
Total Number of New Clients	159 (28.1%)	165 (29.7%)
Mental Health Committals	42	26
Average Age - Male	39	38
Average Age - Female	42	41
Average Length of Stay - Males	10 Days	9 Days
Average Length of Stay - Females	17 Days	13 Days
Average Occupancy Rate	91%	84%

DETOX. VOLUNTEER FOLLOW-UP PROGRAM

This program is conducted by a group of volunteers composed of people who are recovering from chemical dependency. It operates under the direction of the Detox. Nursing Supervisor and a volunteer Coordinator. There are approximately 90 volunteers involved in the program. Its objectives are:

(1) To provide an ongoing community support system for clients both during treatment and following discharge.

(2) To assist the Agency's follow-up services.

(3) To utilize valuable community volunteer workers.

(4) To strengthen communication and maintain rapport between the Agency, the program of Alcoholics Anonymous and the general public.

This program has been in operation for several years and has proven to be a valuable asset to both the agency and its clients. Its success has been due to the continuing dedication of the Coordinator and the many volunteers.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number of Contacts Made	275	272
Summerside and Area	80	147
West Prince	120	66
East Prince	42	33
Kings County	9	5
Queens County	8	17
Other	16	4

INTERMEDIATE CARE (REHABILITATION PROGRAM)

The Intermediate Care Program provides the second phase of treatment for chemical dependency. The main requirement for admission to the program is that the client must be adequately detoxed from all mood-altering chemicals.

The program is of three weeks' duration and may be taken as a resident or day case dependent on the decision of the admission staff. The treatment regime is identical for residential and non-residential clients as they are intermingled in the same therapy group. Residential clients are housed in either the Primary Care Unit or the Extended Care Facility, St. Eleanor's House.

Emphasis is placed on Aftercare as a critical component of the overall recovery process. Upon completion of the Intermediate Care Program, participants are referred to the third treatment phase which is attendance at a weekly Aftercare group for a one-year period. It is also recommended that they attend a minimum of three A.A. meetings per week.

Repeat admissions to the Intermediate Care Program are not made for a minimum of one year and then only at the discretion of staff. In the event of a return to chemical use, clients are referred to the Primary Care Unit and encouraged to resume their Aftercare recommendations following detoxification.

The majority of referrals to this program are the Primary Care Unit and various areas of the Justice system. Another significant source of referral is the Highway Safety Division.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number of Admissions	146	143
Total Number of Individuals	142	134
Total Number of New Admissions	100 (68.5%)	102 (71.3%)
Total Number of Male Admissions	133 (91%)	132 (90.1%)
Total Number of Female Admissions	13 (9%)	12 (8.4%)
Average Age - Male	35	34
Average Age - Female	38	41
Percentage of Residential Clients	57.4%	52.3%
Percentage of Non-Residential Clients	42.6%	38.7%
Total Number of Justice Referrals	55	53
Total Number of Highway Safety Referrals	35	37

ADOLESCENT TREATMENT PROGRAM

Two three-week Adolescent Treatment Programs were operated in this reporting period. The first was offered in August 1989 and the second in January 1990 as a component of the Rehabilitative Services of the Agency. They were both conducted on a trial basis at the P.E.I. Youth Correctional Centre by our Rehabilitation staff.

STATISTICAL SUMMARY

Total Number of Programs	2
Total Number of Participants	21
Number of Males	20
Number of Females	1
Average Length of Program	14 Days
Average Age	16 yrs.
Number of Participants Completing Program	14
Number Referred from Justice (Young Offenders)	21

AFTERCARE PROGRAM

Following completion of the Intermediate Care Program, clients are enrolled in a structured Aftercare Program. They are strongly encouraged to attend and complete this third phase of treatment as it is considered to be a final component of the complete treatment process. It is designed to assist the client to maintain long-term abstinence and reinforce the lifestyle changes promoted during the earlier treatment phases.

Eight small groups meet weekly under the leadership of individuals from the community who have experienced chemical dependency themselves and have acquired stability in their personal recovery. Two of these Aftercare groups are conducted in the West Prince area to provide easier access for residents of that area.

Clients are encouraged to complete the full Aftercare phase. The recommended length of time is one year.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number of Groups	7	7
Total Number of Group Sessions	367	317
Average Group Size	8	7
Total Number of Individuals	205	193

FAMILY CARE

Various services are provided for the family of the chemically dependent individual by this Agency.

A structured family Information Program consisting of one evening session weekly for nine weeks is conducted by the Family Counsellor at the Addiction Centre in Summerside. The program is open-ended and recycles every nine weeks. Although especially intended for family members of clients in treatment it is also open to any individual in the community who is affected by or concerned about another's chemical use regardless of whether or not that person has been exposed to treatment. Two general topics "Addictions" and "Family Recovery" are dealt with during the nine weeks by use of films, lectures and group discussions.

In order to provide family services for residents of West Prince, one full cycle of the Family Information Program has been conducted in the Westisle Composite School each fall for the past several years.

In addition to the Information Program, other services are provided for the family. The Family Counsellor contacts some family member of every client who is admitted to any one of our treatment programs. Individual counselling is provided as well as referrals to other agencies and to self-help groups such as Al-Anon and Alateen.

Information sessions on the family effects of chemical dependency are also provided for clients in treatment in both Primary and Intermediate Care Programs. These are also conducted by the Family Counsellor.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number of Individuals	638	647
Total Number of Office Consultations	424	381
Total Number of Telephone Consultations	794	783
Total Number of Large Group Sessions	54	45
Total Number in Attendance	595	539
Average Group Size	11	12
Total Number of Small Group Sessions	40	82
Total Number in Attendance	301	906
Average Group Size	8	11

WEST PRINCE FAMILY INFORMATION PROGRAM

	1988-89	1989-90
Total Number of Group Sessions	7	5
Average Group Attendance	23	12
Total Number of Individuals	44	28

WEST PRINCE COUNSELLING SERVICE

A community addictions counselling resource is provided in the western area of Prince County. Staffed by one full-time Counsellor with a back-up of other staff of the Agency, this service provides assessment, counselling, referral and follow-up counselling for residents of West Prince.

The Counsellor has office hours in the Western Hospital, Alberton, two days a week and in the Regional Services Centre, O'Leary, two mornings a week.

He also conducts group sessions weekly in the Primary Care Unit to familiarize clients from West Prince with his services and to develop follow-up plans following their discharge. In addition, the Counsellor conducts a weekly Aftercare group in Alberton.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number of Individuals Served	333	252
Total Number of Detox. and Hospital Visits	110	69
Total Number of Office Visits	615	422
Total Number of Telephone Consultations	549	440
Total Number of Group Sessions	67	50
Total Number in Attendance	617	550
Average Group Size	10	9

EXTENDED CARE

The Extended Care Facility "St. Eleanor's House" is the oldest treatment facility in Prince County. During this reporting period it continued to function in a similar manner as in previous years. In recent years there has been a significant increase in the demand for service in this facility. The rising demand for service is due to an increase in the number of referrals from the Justice system.

The house program is aimed at reinforcing the guidelines to recovery introduced during earlier treatment phases by daily exposure to films, group discussions and A.A. meetings. The house rules and work therapy are some of the methods used to assist residents in adopting more appropriate lifestyles. Clients are encouraged to seek employment as soon as they are considered to be stable in their recovery. If unemployed, referrals are made to Canada Employment and Immigration as well as other agencies for programs such as upgrading educational levels, vocational training or work adjustment training and other similar projects.

As staffing is minimal in this facility, residents are responsible for housekeeping, laundry, maintenance, gardening and grounds-keeping duties. These duties are assigned on a weekly schedule and each resident is responsible to carry out his assigned tasks.

Residents are gradually prepared for stable re-entry to the community and encouraged to regain family ties where possible.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number of Admissions	106	104
Total Number of Individuals	96	90
Number of New Admissions	66	57
Average Age	37 yrs.	33 yrs.
Average Length of Stay	34 Days	35 Days
Occupancy Rate	84%	89%

NON-RESIDENTIAL SERVICES

In addition to the structured treatment programs, the Agency provides various non-residential services such as: assessment and intervention interviews, individual counselling, follow-up counselling, Antabuse administration, and drug screening. The major sources of referral for these services continue to be from various areas of the Justice system, Highway Safety Division and employers. These services are mainly provided by the Counselling and Nursing staff of the Agency.

A number of these non-residential services are provided outside the Agency's facilities. These would include such areas as hospitals and provincial correctional institutions.

STATISTICAL SUMMARY

	1988-89	1989-90
Total Number of Individuals Seen	468	485
Total Number of Telephone Consultations	1,042	906
Total Number of Office Visits	641	550
Total Number of Visits Outside the Agency	93	193

COMMUNITY DEVELOPMENT SERVICES

This program complements the treatment services of the Agency in attempting to reduce alcohol and other drug problems in the community.

Under the direction of a Community Development Coordinator, many approaches are used in raising public awareness of issues related to chemical dependency. Focusing mainly on youth, the majority of the Coordinator's time is spent in conducting information sessions in schools and other youth groups as well as working with parent groups. Information sessions are also presented to other community and professional groups. A great deal of information is disseminated to the general public by use of the media, public displays and the maintenance of the resource library at the Addiction Centre in Summerside. This lending library is available for public use.

The Coordinator also serves on a Provincial Committee to develop and coordinate Provincial projects such as Drug Awareness Week.

STATISTICAL SUMMARY

Type of Group	No. of Sessions		Average Group Size		Total Attendance	
	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90
School Students	40	45	34	25	1,363	1,128
Mature Students	14	17	19	12	264	209
Community	15	14	20	19	308	267
Professional Groups	9	12	30	20	273	237
Other	27	18	7	8	186	145

MISCELLANEOUS ACTIVITIES

	1988-89	1989-90
Displays	38	35
Meetings	52	50
Media Activities	12	16
Other	6	12